MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 04416

CERTIFICATE OF DEATH

4426 Reg. Dist. No. 66

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bridgetown Rd 10 years
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bridgetown Rd.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Francis (Middle) Edward (Last) Borg

4. DATE OF DEATH: (Month) May (Day) 4th (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 11th 1879

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gustave Borg

14. MOTHER'S MAIDEN NAME: Ida Johnson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Elsie M Borg Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 002X (a) Acute Left Ventricular Failure — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.: (b) Advanced Pulmonary Tbc. Active — DUE TO (c) Generalized Arteriosclerosis

Interval Between Onset And Death: (a) 36 hrs — (b) 4 years (10)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to May 4, 1954, that I last saw the deceased alive on May 4, 1954, and that death occurred at Home, from the causes and on the date stated above.

SIGNATURE (Degree or title) James A Winnacott, M.D. ADDRESS Denton, Md DATE SIGNED May 5, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Burial May 7th 54 NAME OF CEMETERY OR CREMATORY Denton Cemetery LOCATION (City, town, or county) Denton (State) Md

DATE REC'D BY LOCAL REGISTRAR May 5, 1954 REGISTRAR'S SIGNATURE Mary E. Laird

24. FUNERAL DIRECTOR J. Virgil Moore & Son, Denton ADDRESS

RECEIVED
MAY 6 1924
BUREAU V. S.

4427 04417

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 62

1. PLACE OF DEATH: COUNTY Caroline MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Denton X

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural Denton X

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) RICHARD (Middle) ALLEN (Last) BEHLKE

4. DATE OF DEATH (Month) MAY (Day) 8 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: Mar. 14, 1954

9. AGE last birthday: — yrs. IF UNDER 1 YEAR Months 1 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard Behlke

14. MOTHER'S MAIDEN NAME: Mila Jean Neal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Richard Behlke, Denton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

501X

Immediate cause (a) Oedema of Larynx — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Tracheal Bronchitis — few hrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Damon T George M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF May 10, 1954

NAME OF CEMETERY OR CREMATORY Denton

LOCATION (City, town, or county) Denton, Md. (State) 5/10/54

DATE REC'D BY LOCAL REG. 5/10/54

REGISTRAR'S SIGNATURE Wm D A George

24. FUNERAL DIRECTOR J. Virgil Kroon & Son Denton, Md ADDRESS

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

400

2034211405

RECEIVED
MAY 11 1954
BUREAU V. S.

04418

MARYLAND 4428

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
LENGTH OF STAY In this place 17 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS River Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural, give location) River Road

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Willard (Last) Cephas

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 25, 1897

9. AGE last birthday: 57 yrs.
If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Exide Battery Co.

11. BIRTHPLACE (State or foreign country): Federalsburg, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Dockins

14. MOTHER'S MAIDEN NAME: Mary E. Cephas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 182-05-0744

17. INFORMANT AND ADDRESS: Elwood H. Cephas, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemmorhage. — Interval between onset and death: 2 days.

Antecedent cause(s)
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized Arteriosclerosis with Hypertension — Interval between onset and death: July 28 52 (First Contact)

(c) Cerebral Hemmorhage

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Dec 1952.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 1952, to May 1, 1954, that I last saw the deceased alive on May 1st, 1954, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

SIGNATURE W. E. Lemmon (Degree or title) M. D. ADDRESS Federalsburg, Md. DATE SIGNED May 4, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: May 5, 1954
NAME OF CEMETERY OR CREMATORY: Federal Hill Cemetery
LOCATION (City, town, or county) (State): Federalsburg, Maryland

DATE REC'D BY LOCAL REG.: May 5 1954
REGISTRAR'S SIGNATURE: Margaret H. Frampton

24. FUNERAL DIRECTOR ADDRESS: J.J.Frampton and Son, Federalsburg, Md.

RECEIVED
MAY 10 1954
BUREAU V. S.

4429

05392

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 64

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg, Md
LENGTH OF STAY (in this place) 22 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Federalsburg, Md.
STREET ADDRESS (If rural, give location) N. Main Street

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Kevin (Last) Christopher
4. DATE OF DEATH (Month) May (Day) 11 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	July 5, 1952	1 yrs.	22			

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Child	Child	Delaware	U. S. A.

13. FATHER'S NAME: Jack Christopher
14. MOTHER'S MAIDEN NAME: Clara May Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Jack Christopher, Federalsburg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Accidental Drowning	Instant
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)	Fell in Stream	
DUE TO		
(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Stream	21c. (City or town) Federalsburg	(County) Caroline	(State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐	Not while at work ☒	21f. HOW DID INJURY OCCUR?
5-11-54 5:45 P.M.			Fell in Stream

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Hanson D. George M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 15, 1954	Hillcrest	Federalsburg Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 31, 1954	Margaret H. Frampton	J. Harvey Williamson	Federalsburg

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 8 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04419

4430

CERTIFICATE OF DEATH

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
LENGTH OF STAY (in this place) 70 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Elizabeth (Last) Clark

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 19 54

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH: Dec 27, 1864 | 9. AGE last birthday: 89 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housekeeper | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Delaware | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Peter T. Clark

14. MOTHER'S MAIDEN NAME: Emily Jasper

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S ADDRESS: Miss Emma Clark, Denton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Myocarditis Chronic — 4 yrs.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Hemorrhage — 6 Mo.
DUE TO
(c)

422.2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dermatitis Gangrenosa — 1 yr

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to May 26, 1954 that I last saw the deceased alive on May 24, 1954, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Howard O George MD — ADDRESS Denton Md — DATE SIGNED 5/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF May 29 54 | NAME OF CEMETERY OR CREMATORY Denton | LOCATION (City, town, or county) Denton (State) Md

DATE REC'D BY LOCAL REGISTRAR 5/29/54 | REGISTRAR'S SIGNATURE Howard O George | 24. FUNERAL DIRECTOR Ellis Clark | ADDRESS Denton

VS. A15

RECEIVED
JUN 1 1954
BUREAU V. S.

4431

04420

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 62

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Groce Groce

4. DATE OF DEATH (Month) (Day) (Year) May 14 1954

5. SEX: F

6. COLOR OR RACE: —

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) —

8. DATE OF BIRTH: May 14, 1954

9. AGE last birthday: — yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Denton Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Melvin Brooks

14. MOTHER'S MAIDEN NAME: Daisy Groce Groce (see birth cert.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: John Reiggold, Denton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 1955

Immediate cause (a) Died at birth - undetermined

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ~~not~~ Child was born to Mother alone

DUE TO

(c) no help from any one

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH at Birth

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

21c. (City or town) Denton (County) Caroline (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY at Birth M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? undetermined

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Dennis O. George M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 6-15-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF May 5, 1954

NAME OF CEMETERY OR CREMATORY Springrove

LOCATION (City, town, or county) Denton (State) Md.

DATE REC'D BY LOCAL REG. 5/15/54

REGISTRAR'S SIGNATURE Mrs D O George

24. FUNERAL DIRECTOR J. V. Moore ADDRESS Denton Md.

1054212404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4432

CERTIFICATE OF DEATH

05394

Reg. Dist. No. 60

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10.

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henderson
LENGTH OF STAY (in this place) 9 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penna COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phila.
STREET ADDRESS (If rural give location) No Record

3. NAME OF DECEASED: (Type or Print) (First) Lottie (Middle) S. (Last) Hayes

4. DATE OF DEATH (Month) 5 (Day) 31 (Year) 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 11/2/1879

9. AGE last birthday 74 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John S. Stewart

14. MOTHER'S MAIDEN NAME: Clara Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Ethel Cool Henderson, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Heart Failure

ANTECEDENT CAUSE (S) DUE TO (B) Valvular Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Rheumatism

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypotention

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1953, 19..., to 5/29, 1954, that I last saw the deceased alive on 5/29, 1954, and that death occurred at 12:30 M, from the causes and on the date stated above.

SIGNATURE H J Bevan M.D. ADDRESS Goldsboro Md DATE SIGNED 6/1-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6/3/54
NAME OF CEMETERY OR CREMATORY St. Johnstown
LOCATION (City, town, or county) (State) Greenwood, Delaware

DATE REC'D BY LOCAL REGISTRAR 6/1/54
REGISTRAR'S SIGNATURE J. Clark Smith
24. FUNERAL DIRECTOR ADDRESS J. E. Boulais Greensboro, Md

MARYLAND · 4433

04421

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH · COUNTY: Caroline · CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg · MARYLAND · LENGTH OF STAY (In this place): 22 years · HOSPITAL OR INSTITUTION OR STREET ADDRESS: Academy Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Caroline · CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg · STREET ADDRESS (If rural, give location): Academy Avenue

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Edgar (Last) Ireland

4. DATE OF DEATH: May 11 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 21, 1897

9. AGE last birthday: 56 yrs. · If under 1 year: Months. Days. · If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager

10b. KIND OF BUSINESS OR INDUSTRY: Telephone Company

11. BIRTHPLACE (State or foreign country): Queen Anne's County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Henry Ireland

14. MOTHER'S MAIDEN NAME: Lenora Quillen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: 212-10-0377

17. INFORMANT AND ADDRESS: Mrs. Eleanor S. Ireland, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of pancreas. — Interval between onset and death: 7 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized metastasis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 12 1954 · 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of pancreas.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) · PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) · (CITY OR TOWN) · (COUNTY) · (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. · INJURY OCCURRED While at Work ☐ Not While At work ☐ · HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1 ..., 1953, to 5/11 ..., 1954, that I last saw the deceased alive on 5/11, 1954 and that death occurred at 6:15 a.m., from the causes and on the date stated above.

SIGNATURE: Frank M. Couleson · (Degree or title) M. D. · ADDRESS: Federalsburg, Md. · DATE SIGNED: May 13, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial · DATE: May 13, 1954 · NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery · LOCATION (City, town, or county) (State): Federalsburg, Maryland

DATE REC'D BY LOCAL REG.: May 13 1954 · REGISTRAR'S SIGNATURE: Margaret N. Frampton

24. FUNERAL DIRECTOR · ADDRESS: J.J.Frampton and Son, Federalsburg, Md.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04422

4134 CERTIFICATE OF DEATH

Reg. Dist. No. 61

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro
LENGTH OF STAY (In this place) 76 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED (Type or Print): (First) Lena (Middle) Augusta (Last) Lewis

4. DATE OF DEATH: (Month) 5 (Day) 30 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 2/17/1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Greensboro, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Lewis

14. MOTHER'S MAIDEN NAME: Sarah H. Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Grace Cannon Ridgely, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arteriosclerotic Cardiovascular Disease

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 2, 1954 to May 30, 1954, that I last saw the deceased alive on May 30, 1954, and that death occurred at . . M. from the causes and on the date stated above.

SIGNATURE Charles H Stoerker M.D. ADDRESS Greensboro Md DATE SIGNED 6/1/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 6/2/54

NAME OF CEMETERY OR CREMATORY: Bethel

LOCATION (City, town, or county) (State): Federalsburg, Md.

DATE REC'D BY LOCAL REGISTRAR: June 2 - 1954

REGISTRAR'S SIGNATURE: L MacLippin

24. FUNERAL DIRECTOR: J. E. Boulden ADDRESS: Greensboro, Md.

RECEIVED
JUN 4 19[illegible]
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04423

4435

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro — LENGTH OF STAY (in this place) 79 Yrs.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro
HOSPITAL OR INSTITUTION OR STREET ADDRESS Steiner Nursing Home	STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) Frances (Middle) E. (Last) Needles			4. DATE OF DEATH: (Month) 5 (Day) 27 (Year) 1954		
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH: 6/13/1874	9. AGE last birthday 79 yrs.	IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10B. KIND OF BUSINESS OR INDUSTRY: None		11. BIRTHPLACE (State or foreign country): Greensboro, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Frank Hubbard			14. MOTHER'S MAIDEN NAME: Catherine Mitchell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT & ADDRESS: Harley Needles Greensboro, Md.		

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151X

IMMEDIATE CAUSE (A) Adeno Carcinoma of

ANTECEDENT CAUSE (B) DUE TO Lower end of Esophagus

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Stomach

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION: 7-20-53	19B. MAJOR FINDINGS OF OPERATION: Adeno Carcinoma of Stomach and Esophagus c̄ Metastases to regional lods	20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953, to May 27, 1954, that I last saw the deceased alive on May 26, 1954, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE Charles H Stoneifer M.D. ADDRESS Greensboro Md DATE SIGNED May 29, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF 5/30/1954	NAME OF CEMETERY OR CREMATORY Greensboro	LOCATION (City, town, or county) (State) Greensboro, Md.
DATE REC'D BY LOCAL REGISTRAR May 30-1954	REGISTRAR'S SIGNATURE L. Mae Pippin	24. FUNERAL DIRECTOR J. E. Boulais	ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
JUN 4 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05399

CERTIFICATE OF DEATH

4436

Reg. Dist. No. 64

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg - Rural
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg - Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Earle (Middle) Conway (Last) Richardson

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 29, 1912
9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Paymaster
10b. KIND OF BUSINESS OR INDUSTRY: Trucking Company
11. BIRTHPLACE (State or foreign country): Richmond, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William A. Richardson
14. MOTHER'S MAIDEN NAME: Sarah Alvis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 577-26-2855
17. INFORMANT & ADDRESS: Marie P. Richardson, Federalsburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Sarcoma Brain — Interval Between Onset And Death 3/01 to May 31 '54

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Sarcoma Pos Nasal Space with

DUE TO

(c) Invasion Brain — 3/51

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/2, 1951, to 5-31, 1954, that I last saw the deceased alive on 5-31, 1954 and that death occurred at 11 p. m., from the causes and on the date stated above.

SIGNATURE W. E. Lennon (Degree or title) M. D. ADDRESS Federalsburg, Maryland DATE SIGNED June 3, 1954

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF June 3, 1954
NAME OF CEMETERY OR CREMATORY Shiloh Cemetery
LOCATION (City, town, or county) (State) Near Indian Head, Maryland

DATE REC'D BY LOCAL REGISTRAR June 2, 1954
REGISTRAR'S SIGNATURE Margaret H. Framptom
24. FUNERAL DIRECTOR J.J.Framptom and Son, Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

05401

2411 N. Charles Street, Baltimore

4437

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
LENGTH OF STAY (in this place) Full life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg R.F.D. 2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) C. (Middle) Wesley (Last) Towers

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Jan. 17, 1869 | 9. AGE last birthday: 85 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: Retired Farmer | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Henry Towers | 14. MOTHER'S MAIDEN NAME: Elizabeth Dean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT AND ADDRESS: Leon Towers Federalsburg R.F.D. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — 5 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1954, to May 25 1954 that I last saw the deceased alive on May 25, 1954, and that death occurred at 4:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank M. Anderson M.D. ADDRESS Federalsburg, Md. DATE SIGNED 5/27/54

23. BURIAL, CREMATION REMOVAL (Specify): Buried | DATE THEREOF: May 28 1954 | NAME OF CEMETERY OR CREMATORY: Hillcrest | LOCATION (City, town, or county) (State): Federalsburg Md

DATE REC'D BY LOCAL REG.: May 28, 1954 | REGISTRAR'S SIGNATURE: Margaret N. Frampton | 24. FUNERAL DIRECTOR: J. Harvey Williamson | ADDRESS: Federalsburg Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 8 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

1438

2411 N. Charles Street, Baltimore

05402

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Caroline; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg R.F.D.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg R.F.D.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Virginia (Middle) N. (Last) Waller

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 16 1879

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: housewife

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Henry M. Wheatley

14. MOTHER'S MAIDEN NAME: Viola Eskridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Guy T. Wheatley - Seaford Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331K

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 12 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 24, 1954, to May 24, 1954, that I last saw the deceased alive on May 24, 1954, and that death occurred at 1130 A m., from the causes and on the date stated above.

SIGNATURE: Frank M. Anderson (Degree or title) M.D. ADDRESS: Federalsburg, Md DATE SIGNED: 5/27/54

23. BURIAL, CREMATION REMOVAL (Specify): Buried | DATE THEREOF: May 27 1954 | NAME OF CEMETERY OR CREMATORY: Cokesbury Cemetery | LOCATION (City, town, or county) (State): Federalsburg R.F.D. #1

DATE REC'D BY LOCAL REG.: May 27, 1954 | REGISTRAR'S SIGNATURE: Margaret H. Frampton | 24. FUNERAL DIRECTOR: J. Harvey Williamson | ADDRESS: Federalsburg

VS. A15

RECEIVED
JUN 8 1954
BUREAU V. S.